

INDIGENOUS CERTIFICATION BOARD OF CANADA

**RECERTIFICATION APPLICATION** 

Certification renewal required every 2 years

Applicant's Full Name											
Current Position						Are you a NNADAP worker?					
Employee Type Treat	ment Cent	re - TC	Comm	unity based -	based - CW			Program Instructor - PI			
Employer type BCI	TCL	HLC	FC	HLDG		HA		CS	HLTHC		
Home Address				1							
						-1					
Home Phone				Cell							
Email											
Current Certification Level											
Certificate No.			Expi	ation Date							
NOTE: This form is for rec	ertification	at the sa	me level.								
If you are applyin				se the Applicat	tion fo	or a C	ertific	ation I	Jpgrade.		
• If you obtained a certification through a <b>Certification Equivalence</b> , you will need to complete the <b>Recertification Application for Certification via ICBOC's Equivalence Process</b>									ne		
Current Employer	phication	for Certifi	cation via ICB	OC's Equivalen	ce Pr	ocess					
Business Address											
Work phone			Work E								
			DUCATION								
Forms 2 and 3 are attache				•				•	•		
incomplete forms will be			/ in the proce	ssing of your ap	plicat	tion. I	n tota	ii, thes	e two forms shoul	Ia	
<ul> <li>document a minimum of 40 hours that:</li> <li>Have been completed in the past 24 months since your last certification</li> </ul>											
Are on topics refl		•					ficatio	on and	level.		
	-								se ensure you hav	ve	
completed this tr	aining or ye	our renew	al will not be	granted until th	nis is d	done.					
			RECERTIFIC/								
PLEASE ENSURE THAT YO			•					tion fe	e that correspond	ls	
to your renewed certification and level. The List of Fees is available on ICBOC's website at											
http://icboc.ca/certification/list-of-certifications/list-of-fees/. Review of the recertification application will only proceed once all the documents and the fee have been received.											
•					ne dat	te of v	our c	ertifica	te exnirv nlease		
<ul> <li>If your recertification application is late or incomplete 30 days from the date of your certificate expiry, please add a late fee of \$25.00.</li> </ul>											
If your recertification	n applicatic	on has laps	sed or is still i	ncomplete 6 m	onths	or m	ore fro	om the	date of your		
certificate expiry, ple	ease add a	file reactiv	vation fee of s	50.00.							
SENDING YOUR RECERTIFICATION APPLICATION In accordance with our environmental sustainability principles, we ask that you mail, by regular post, your											
			• • •		•			-	•		
completed application participation containing your recertification		-	•			-		-	•		
containing your recertification fee payment. ICBOC accepts payment in the form of a cheque, bank draft, money or postal order.											
Please make your payment payable to ICBOC. Once your package is complete, please mail it to:											
Registrar											
Indigenous Certification Board of Canada #207-2735 East Hastings Street											
Wancouver, BC, V5K 1Z8											

# **RECERTIFICATION APPLICATION GUIDELINES**

## **INSTRUCTIONS FOR COMPLETING FORM 2**

This form is to document training delivered by external providers, that you have completed. **External providers are:** 

- Trainers/facilitators invited to your place of work (in-house training) or community to deliver training.
- Training you completed outside of your place of work or community
  - Formal courses or programs delivered by universities and/or colleges or other educational institutions (online or classroom-based)
  - Informal training in the form of workshops, stand-alone courses, webinars, including those delivered by independent trainers or in the context of conferences (online or classroom based)

## ACCEPTED PROOFS OF TRAINING:

- Certificates bearing the required information must be submitted for every completed training. Certificates that do not indicate the number of hours or the dates of training are not accepted. When only the date(s) of training is/are indicated on the certificates, ICBOC will grant 6.5 hours for each day of training.
- Official transcripts are required when you have graduated from a training program from a college, university or other educational institution. ICBOC accepts unofficial transcripts for programs that have been partially completed. The name of the institution, the student and the program must be documented on these transcripts.
   Please provide the internet link to the program so that ICBOC can review the course descriptions. ICBOC might request from you a description of the courses completed.
- You are responsible for obtaining certificates of attendance/completion. If you do not have access to or cannot acquire your certificates, under extenuating circumstances, a declaration on the employer's letterhead is accepted as proof or training. It must include the date of the training, the title and number of hours as well as the complete and legible contact information of the qualified signatory.
- If your training was completed in the context of a conference, please provide a certificate showing the title and hours for every session attended. Registration receipts, copy of conference program etc... are not considered proof of attendance and completion.

### **INSTRUCTIONS FOR COMPLETING FORM 3**

### What is alternative learning/training:

As an indigenous, culture-based certifying body, ICBOC recognizes that, for various reasons, it is sometimes difficult to attend training outside the community. We believe that knowledge and skills can also be acquired through alternative means. Below are three distinct situations where this kind of alternative learning/training can be acquired and recognized:

**Situation 1. Participation in cultural/traditional activities in the context of your healing work with clients**. By attending and/or participating in these activities with your clients, during work hours, you are acquiring skills and knowledge about how and why these activities can impact the recovery and wellbeing of your client.

Situation 2. Cultural teachings or advice you received from an Elder at your place of employment, during the course of your work schedule. This might relate to issues pertaining to your own ability to engage with your clients, for which you are seeking guidance with the view to improve your interventions and relationship.

Situation 3. Training you have developed and delivered yourself in-house to your colleagues, your clients or to people in your community. By sharing your knowledge with others, you are also gaining valuable skills and knowledge. Among the skills you will acquire are presentation skills, interpersonal skills, communication, analytical, time management skills etc... Imparting knowledge is not a one-way process. Your audience is always made up of people who can also contribute their own ideas, views, learnings, values etc... This will impact and enhance your own knowledge. We encourage employers and supervisors to foster the sharing of the knowledge that already exists among their staff. Creating a community/circle of learning in a workplace enhances individual and collective learning.

#### **IMPORTANT:**

- Please read, use and complete this form carefully, as instructed, or the form will not be accepted.
- Do not use this form to list any training provided by external trainers/facilitators. If you attended in-house training, provided by external facilitators, use form 2.
- Please complete one form (form 3) per situation. Do not list learnings/trainings acquired in multiple situations on one single form. Please make as many photocopies of form 3 as you require to separately document learnings/trainings pertaining to each individual situation.
- Please note that the maximum number of hours accepted as part of the Declaration of alternative learning/training must not exceed 26 hours.
- Ensure that each copy of form 3 listing the learnings/trainings is completed as required by a person qualified to sign it (Elder, employer, executive director, supervisor, training coordinator, human resources manager, or any other person responsible for staff training and who can be contacted). If it is not possible for an Elder to complete and sign form 3 for situation 2, it can be completed by one of the other qualified persons. However, the name and contact information of the elder MUST be provided.

FORM 2 – TRAINING PROVIDED BY EXTERNAL PROVIDERS							
Applicant's name							
Training Provider (organization, conference, trainer)	Title of training (as indicated on certificate)	Hours	Proof				
	TOTAL HOURS						

FORM 3 - DECLARATION OF ALTERNATIVE LEARNING/TRAINING								
Name of applicant			Date	of this declaration				
Through which situation did you acquire the learning/training you are listing in this form (Check appropriate box)								
Situation 1		Situation 2		Situation 3		Documents for situation 3 are included?(checkmark th	ie box)	
Name of the employ	ing or	ganization/age	ncy					
Name of the person								
Job Title of the person signing this declaration								
Telephone			Email					
Date			Title of the training session			Hours		
	Not	e: If you need mor		ne training that the applica sure that the declaration		attended/completed, please photocopy this page. below is completed.		
DECLARATION								
I, the undersigned, at	ffirm th	-		-		on and that I have verified the training received by the abov this letter is correct and truthful.	e-named	
Name of qualifi	ied pers	son						
Signature of qu	alified	person				_		
Year		Date Nonth D	ay	Tele	phone	#		

Indigenous Certification Board of Canada – Application for the renewal of a professional certification – 2020 Edition